

POLICY: MORTALITY REVIEW

POLICY STATEMENT: It is the policy of the Division of Disabilities and Rehabilitative Services (DDRS) that the death of each individual with intellectual and developmental disabilities receiving services administered by DDRS undergo review for the purpose of identifying trends, developing recommendations, and effecting improvement in both provider specific and system wide service delivery.

DETAILED POLICY STATEMENT:

Initial notification and reporting:

- A. Upon the provider's discovery of death, the provider shall immediately notify the individual's case manager, when services included a case manager.
- B. The deceased's:
 1. residential services provider; or
 2. in the absence of a residential services provider, the primary service provider,shall provide initial notification of death to the Bureau of Developmental Disabilities (BDDS) District Manager within 24 hours of first knowledge of the death, or no later than the end of the first working day of first knowledge of the death - whichever comes first, utilizing e-mail or phone contact.
- C. The party providing the initial notification to the BDDS District Manager shall:
 1. include the following information as part of the initial notification:
 - a. the name of the deceased;
 - b. the date, time and place of the individual's death;
 - c. the reporting person's name and contact information;
 - d. any preliminary summary of circumstances surrounding the death available at the time of initial notification.
 2. submit an incident report electronically using the website:
<https://ddrsprovider.fssa.in.gov/IFUR>.
 3. notify Adult Protective Services (APS) if the deceased is an adult, or Child Protective Services (CPS) if the deceased is a child, within 24 hours of first knowledge of the death.

Provider internal review of death:

- A. The deceased's primary service provider shall immediately following a death, initiate an internal review of the death that includes:
 1. the name of the deceased;
 2. the date and time of death;
 3. a statement summarizing the death, including:
 - a. what happened;
 - b. where it happened;
 - c. when it happened;
 - d. who was involved;

4. identification of all involved parties including all staff assigned to work with the individual and all staff present at the time of death;
5. signed and dated statements from all involved parties, including all staff assigned to work with the individual and all staff present at the time of death.
6. a narrative review of the deceased's:
 - a. individualized support plan;
 - b. current diagnoses;
 - c. physician orders;
 - d. physician and other medical consult visits/notes;
 - e. nursing notes;
 - f. treatment records;
 - g. medication administration records;
 - h. dietary guidelines;
 - i. nutritional assessments;
 - j. flow sheets for bowel management, seizure activity, input/output, sleep logs, etc. as applicable;
 - k. hospital and emergency room admission and discharge notes;
 - l. consumer specific training;
 - m. daily support records;
 - n. progress notes;
 - o. staff notes;
 - p. behavioral support plan;
 - q. risk plans;
 - r. care plans;
 - s. assigned staff ratios;
 - t. case manager notes, when services included a case manager;
 - u. incident reports, including BDDS incident reports and provider internal incident reports;
7. copies of records and documents relevant to the internal review;
8. review of relevant policies and procedures;
9. a statement of findings resulting from the internal review;
10. a description of corrective actions to be initiated by the provider including time frames for completion, identified as a result of the internal review;
11. documentation of implementation of any corrective actions identified as a result of the internal review;
12. the signature, name and title of the person completing the internal review;
13. the date the review was completed and signed.

DDRS notification to provider of needed documentation:

- A. The Bureau of Quality Improvement Services (BQIS), as a representative of DDRS, shall send written notification to the provider requesting specific documentation be sent to an identified address, in an identified format, within identified submission time frames.

Provider submission of requested information:

- A. All providers shall comply with requests from DDRS' representatives for specific data and information in the format requested and within submission timeframes as indicated.

BQIS mortality Review Committee:

- A. The BQIS Director shall appoint membership to a BQIS Mortality Review Committee (MRC) that:
 1. includes multiple disciplines from multiple entities, including family members of an individual who is receiving services administered by DDRS, or self advocates who are receiving services administered by DDRS;
 2. reviews information prepared by BQIS following the death of an individual; and
 3. develops recommendations following review and discussion of an individual's death.

Provider response to mortality review committee findings:

- A. Upon being notified of MRC findings and recommendations, a provider shall:
 1. implement the recommendations; and
 2. submit documentation confirming implementation of the recommendations;to BQIS within the time frames provided.

DEFINITIONS:

"Adult Protective Services" or "APS" means the program established under IC 12-10-3.

"BDDS" means Bureau of Developmental Disabilities Services as created under IC 12-11-1.1-1.

"BQIS" means Bureau of Quality Improvement Services as created under IC 12-12.5.

"Child Protective Services" or "CPS" refers to child protection services established under IC 31-33.

"DDRS" means the division of disability and rehabilitative services as established by IC 12-9-1-1.

"Primary services provider" means the Residential Habilitation and Support (RHS) provider when the deceased was receiving this service, or when not receiving RHS services, the provider responsible for the most prominent services to the individual as determined by BQIS.

REFERENCES:

460 IAC 6
IC 12-12.5

Approved by: Julia Holloway, Division of Disability and Rehabilitative Services {date}

EXHIBIT "A"

CATEGORIZATION OF DEATH

Description of Events Surrounding Death	Expected	Unexpected	Unexpected but meeting criteria of expected	Needing expedited review
Transitioned from state operated facility within one year of death (regardless of cause)				X
Trauma – accidental				X
Trauma – abuse/neglect				X
Trauma – drowning				X
Trauma – homicide				X
Trauma – suicide				X
Trauma – unexplained injury				X
Aspiration/choking (without a prior diagnosis of severe chronic or terminal condition) diagnosed within 2 days of admission to a hospital or nursing home				X
Aspiration/choking (with a prior diagnosis of severe chronic or terminal condition)	X		X	
Pneumonia (without a prior diagnosis of severe chronic or terminal condition) diagnosed within 2 days of admission to a hospital or nursing home				X
Pneumonia (with a prior diagnosis of severe chronic or terminal condition)	X		X	
Sepsis (without a prior diagnosis of severe chronic or terminal condition) diagnosed within 2 days of admission to a hospital or nursing home				X

Sepsis (with a prior diagnosis of severe chronic or terminal condition)	X		X	
Deaths reported to coroner/medical examiner		X		
Sudden death (without a prior diagnosis of severe chronic or terminal condition)		X		
Sudden death (with a prior diagnosis of severe chronic or terminal condition)	X		X	
Description of Events Surrounding Death	Expected	Unexpected	Unexpected but meeting criteria of expected	Needing expedited review
Sudden death (at the request of the BDDS District Manager)				X
Prolonged seizure, or complications of seizure (without a prior diagnosis of severe chronic or terminal condition)		X		
Prolonged seizure, or complications of seizure (with a prior diagnosis of severe chronic or terminal condition)	X		X	
Bowel obstruction (without a prior diagnosis of severe chronic or terminal condition)		X		
Bowel obstruction (with a prior diagnosis of severe chronic or terminal condition)	X		X	
Pica		X		
Elopement		X		
Official hospice case	X			
Known stage 3 or 4 heart failure (known severe chronic condition)	X			
Known symptomatic coronary artery disease (known severe chronic condition)	X			
Known severe renal failure (known severe	X			

chronic condition)				
Known severe liver failure (known severe chronic condition)	X			
Cancer with recurrence	X			
Severe stage of dementia	X			
Severe COPD or restrictive airways disease. Oxygen dependent 24 hours/day	X			
Neurological degeneration leading to chronic aspiration of airway secretions	X			
Lack of appropriate non-emergency medical treatment that directly contributed to death (i.e., medication errors, lack of supervision or training, repeated occurrences without intervention (falls), improper feeding/positioning with known aspiration risk, etc.)		X		
Lack of appropriate response or delayed response by provider staff, emergency personnel, or a personal emergency response system (i.e., lack of timely assessment of injuries, failure to recognize an emergency situation, care given at lesser intensity/level than general population		X		